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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/735,400			ing Date 11/2003	☐ To be Mailed
	Al	SMALL	ENTITY 🔯	OR		HER THAN						
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		ı	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A			N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		ı	X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit 35 U	If the specification and dr sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
. 16	the difference in colu			TOTAL		J	TOTAL					
										ER THAN ALL ENTITY		
AMENDMENT	04/08/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 16	Minus	- 20		= 0	П	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	· 2	Minus	3		- 0	П	X \$110 =	0	OR	XS =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П	1		OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	:		-	П	X \$ =		OR	X 8 =	
M	Independent (37 CFR 1 16(h))		Minus	***		-		X \$ =		OR	x s =	
EN I	Application Size Fee (37 CFR 1.16(s))						П			l		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji)						П			OR		
Г										OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write *0° in column 3. * If the *Highest Number Previously Paid For *N THIS SPACE is less than 20, enter *20°. *If the *Highest Number Previously Paid For *N THIS SPACE is less than 3, enter *3°. The *Highest Number Previously Paid For *(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patienting, preparing, and submitting the completed application from the USPTO. Time will way depending unon the individual case. Any comments or amount of time you require to complete his form and/or suggestions for reducing this factors, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disk 1470, Alexandria, V.M. 22313-1450, D.O. NOT SEND FEES OR LOWNELEET D-ORMNET OT HIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.